

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-890421

FILING DATE

APPLICANT(S)

CLAIMS

|                 | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|
|                 | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1               | /        |      | /                                  |      |                                    |      |
| 2               |          | /    |                                    | /    |                                    |      |
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| 10              |          | /    |                                    | /    |                                    |      |
| 11              |          | /    |                                    | /    |                                    |      |
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| 13              |          | /    |                                    | /    |                                    |      |
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| 33              |          | /    |                                    | /    |                                    |      |
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| 37              |          | /    |                                    | /    |                                    |      |
| 38              |          | /    |                                    | /    |                                    |      |
| 39              |          | /    |                                    | /    |                                    |      |
| 40              |          | /    |                                    | /    |                                    |      |
| 41              |          | /    |                                    | /    |                                    |      |
| 42              |          | /    |                                    | /    |                                    |      |
| 43              |          | /    |                                    | /    |                                    |      |
| 44              |          | /    |                                    | /    |                                    |      |
| 45              |          | /    |                                    | /    |                                    |      |
| 46              |          | /    |                                    | /    |                                    |      |
| 47              |          | /    |                                    | /    |                                    |      |
| 48              | /        |      | /                                  |      |                                    |      |
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| TOTAL<br>IND.   |          | ↓    | 3                                  | ↓    |                                    | ↓    |
| TOTAL<br>DEP.   | ←        |      | 61                                 | ←    |                                    | ←    |
| TOTAL<br>CLAIMS |          | 84   |                                    |      |                                    |      |

|                 | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|
|                 | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51              |          | /    |                                    | /    |                                    |      |
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| 83              |          |      |                                    |      |                                    |      |
| 84              |          |      |                                    |      |                                    |      |
| 85              |          |      |                                    |      |                                    |      |
| 86              |          |      |                                    |      |                                    |      |
| 87              |          |      |                                    |      |                                    |      |
| 88              |          |      |                                    |      |                                    |      |
| 89              |          |      |                                    |      |                                    |      |
| 90              |          |      |                                    |      |                                    |      |
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| 93              |          |      |                                    |      |                                    |      |
| 94              |          |      |                                    |      |                                    |      |
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| 96              |          |      |                                    |      |                                    |      |
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| TOTAL<br>IND.   |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL<br>DEP.   | ←        |      | ←                                  |      | ←                                  |      |
| TOTAL<br>CLAIMS |          |      |                                    |      |                                    |      |

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